

2018-19 Drill Reporting Form

Drill:	Drill Date:	Drill Time:
School:	Incident Commander:	
Notification / All Clear: <i>(check all that apply)</i> <input type="checkbox"/> Bell / Buzzer <input type="checkbox"/> Voice Notification <input type="checkbox"/> Phone <input type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Voice Notification <input type="checkbox"/> Other: _____	Weather Conditions: <i>(check all that apply)</i> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain & Wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Fog/Smog <input type="checkbox"/> Hot (<i>above 80°</i>) <input type="checkbox"/> Cold (<i>40° to 10°</i>)	
Participants: <i>(check all that apply)</i> <input type="checkbox"/> School Administrators <input type="checkbox"/> Students <input type="checkbox"/> Teachers / Para-Educators <input type="checkbox"/> Custodian Staff / Kitchen Staff <input type="checkbox"/> Parents or Volunteers <input type="checkbox"/> Fire Department <input type="checkbox"/> Law Enforcement <input type="checkbox"/> School Security/SRO <input type="checkbox"/> Other: _____	Situation during Start of Drill: <input type="checkbox"/> Before School <input type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School	
Problems Encountered: <i>(Check all that apply)</i>		
<input type="checkbox"/> Confusion or Unsure of actions to take <input type="checkbox"/> Alarm not heard <input type="checkbox"/> Congestion in the hallways <input type="checkbox"/> Network / Computer Problems <input type="checkbox"/> Radio communication problems <input type="checkbox"/> Unable to access school mapping system <input type="checkbox"/> Occupants observable (LockDown drill) <input type="checkbox"/> Transportation <input type="checkbox"/> Doors left open <input type="checkbox"/> Windows not covered <input type="checkbox"/> Windows left open <input type="checkbox"/> Unable to lock doors <input type="checkbox"/> Doors or Exits blocked	<input type="checkbox"/> Lights left on <input type="checkbox"/> Occupants not accounted for <input type="checkbox"/> Noise impedes communications <input type="checkbox"/> Improper or unavailable supplies <input type="checkbox"/> Difficulties evacuating disabled <input type="checkbox"/> Frightened occupants <input type="checkbox"/> Excess evacuation time <input type="checkbox"/> Incident Command problems <input type="checkbox"/> Occupants unsure of actions <input type="checkbox"/> Interagency miscommunications <input type="checkbox"/> Occupants not serious about drill <input type="checkbox"/> Incident command problems <input type="checkbox"/> Weather-related problems <input type="checkbox"/> Other: _____	
Statistics: # of Students (Number): # of Staff/Volunteers (Number): Evacuation Time (Minutes): Shelter in Place Time (Minutes): LockDown Time (Minutes):	Improvement Plan: <i>(Check all that apply)</i> <input type="checkbox"/> Revise Emergency Procedures <input type="checkbox"/> Improve Communication <input type="checkbox"/> Additional Staff Training <input type="checkbox"/> Additional Student Training <input type="checkbox"/> Better cooperation w/1 st Responders <input type="checkbox"/> Additional Equip./Supplies	

ACTION: Complete & mail form to Chuck Goodwin, Safety/Emergency Preparedness Coordinator. He is responsible for recording the results in **Rapid Responder**. Questions? Call ext. 4237